



State of Missouri
Department of Corrections

Victim Notification Request

Offender Name:

Docket Number:

Sentence Expiration Date:

Offender Number:

Per RSMo 595.200 (6)...Victim is, "a natural person who suffers direct or threatened physical, emotional or financial harm, as the result of the commission or attempted commission of a crime. The term victim also includes the family members of a minor, incompetent or a homicide victim."

Per RSMo 595.200 (4)...Family Member is, "a spouse, child, sibling, parent, grandparent, or legal guardian of the victim."

As the victim of a crime committed in the State of Missouri, you have the right to be notified of parole hearing dates, parole hearing results, escape, death, and release to the community.

☐ Yes, I want to be notified.

☐ No, I do not wish to be notified.

Victim Information

Name:

☐ I am the Victim ☐ I am a Family Member (Relation to Victim) _____

Mailing Address:

City:

State:

Zip Code:

Telephone: Day

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Evening

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Email Address (if applicable):

Signature of Victim or Family Member: _____ Date: _____

The above information must be provided to the Missouri Department of Corrections to ensure you receive timely notification regarding offender status. In order for proper and continued notification information, you should advise the Victim Services Unit at the address noted below of all future changes to your name and address. Please complete this form immediately and mail it to the address below.

Victim Services Unit
Missouri Department of Corrections
1511 Christy Drive
Jefferson City, MO 65101